



**COUNTY OF LOS ANGELES  
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August 25, 2010

TO: Supervisor Gloria Molina, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

FROM: Wendy L. Watanabe  
Auditor-Controller

A handwritten signature in blue ink, reading "Wendy L. Watanabe", is written over the printed name and title.

SUBJECT: **CALIFORNIA HISPANIC COMMISSION ON ALCOHOL & DRUG  
ABUSE, INC. PROGRAM REVIEW – A DEPARTMENT OF MENTAL  
HEALTH SERVICE PROVIDER**

We completed a program review of California Hispanic Commission on Alcohol & Drug Abuse, Inc. (CHC or Agency), a Department of Mental Health (DMH) service provider. The purpose of our review was to determine whether CHC provided the services and maintained proper documentation, as required by the County contract. Services include interviewing program clients, assessing their mental health needs, and developing and implementing a treatment plan.

DMH paid CHC between \$1.77 and \$4.37 per minute of staff time (\$106.20 to \$262.20 per hour) for services or approximately \$2.7 million for Fiscal Year 2009-10. CHC's headquarters is in Sacramento County and the Agency has offices in the First and Fifth Districts.

**Results of Review**

Generally, CHC maintained documentation to support the service minutes sampled and the staff assigned to the County contract possessed the required qualifications. However, CHC did not complete some elements of the Assessments, Client Care Plans, Progress Notes and Informed Consent in accordance with the County contract.

CHC's attached response indicates that they will conduct Quality Assurance Reviews on the client's charts to ensure that Assessments, Client Care Plans, Progress Notes

and Informed Consents are completed and documented in accordance with the County contract.

We have attached the details of our review along with recommendations for corrective action.

### **Review of Report**

We discussed the results of our review with CHC and DMH. In the attached response, the Agency agreed with our findings and recommendations. DMH will ensure that the recommendations are implemented.

We thank CHC management for their cooperation and assistance during this review. Please call me if you have any questions or your staff may contact Don Chadwick at (213) 253-0301.

WLW:MMO:JET:DC:EB

Attachment

c: William T Fujioka, Chief Executive Officer  
Dr. Marvin J. Southard, Director, Department of Mental Health  
Luz Serrano, Chair, Board of Directors, CHC  
James Hernandez, Executive Director, CHC  
Public Information Office  
Audit Committee

**DEPARTMENT OF MENTAL HEALTH  
CALIFORNIA HISPANIC COMMISSION ON ALCOHOL & DRUG ABUSE, INC.  
FISCAL YEARS 2009-10**

**BACKGROUND/PURPOSE**

The Department of Mental Health (DMH) contracts with California Hispanic Commission on Alcohol & Drug Abuse, Inc. (CHC or Agency), a private, non-profit, community-based organization that provides services to clients in Service Planning Areas 4 and 7. Services include interviewing program clients, assessing their mental health needs, and developing and implementing a treatment plan.

The purpose of our review was to determine if CHC maintained documentation for the service minutes billed in accordance with the County contract. This included a review of the Agency's billings, participant charts and personnel records. We also interviewed a number of the Agency's staff.

**BILLED SERVICES**

**Objective**

Determine whether CHC provided the services billed in accordance with their County contract with DMH.

**Verification**

We selected 35 billings totaling 3,451 minutes from 96,861 service minutes of approved Medi-Cal billings for September and October 2009, which were the most current billings available at the time of our review (March 2010). We reviewed the Assessments, Client Care Plans, Progress Notes and Informed Consents maintained in the clients' charts for the selected billings. The 3,451 minutes represent services provided to 15 program participants.

**Results**

Generally, CHC maintained documentation to support the service minutes sampled. However, the Agency did not always complete some elements of the Assessments, Client Care Plans, Progress Notes and Informed Consents in accordance with the County contract requirements.

**Assessments**

CHC did not adequately describe the clients' symptoms and behaviors consistent with the Diagnostic and Statistical Manual of Mental Disorder (DSM) to support the given diagnosis for three (20%) of the 15 clients sampled on their Assessments. An Assessment is a diagnostic tool used to document the clinical evaluation of each client

and establish the client's mental health treatment needs. The County contract requires Agencies to follow the DSM when diagnosing clients.

#### Client Care Plans

CHC did not complete the Client Care Plans in accordance with the County contract for two (13%) of the 15 clients sampled. Specifically, the Client Care Plans did not contain objectives that were specific and/or quantifiable.

#### Progress Notes

CHC did not complete three (9%) of the 35 Progress Notes sampled in accordance with the County contract. Specifically, the Progress Notes billed for mental health services did not describe what the clients or service staff attempted and/or accomplished towards the clients' goals.

#### Informed Consent

CHC did not document the Informed Consent for three (60%) of the five clients' charts sampled, in which the client received treatment with psychotropic medication. Informed Consent is the client's agreement to a proposed course of treatment based on receiving clear, understandable information about the treatments' potential benefits and risks

#### **Recommendations**

##### **CHC management:**

- 1. Ensure that Assessments, Client Care Plans and Progress Notes are completed in accordance with the County contract.**
- 2. Ensure that Informed Consent is obtained and documented in the client's chart prior to treatment with psychotropic medication.**

#### **STAFFING LEVELS**

##### **Objective**

Determine whether the Agency maintained the appropriate staffing ratios for applicable services.

We did not perform test work in this section, as the Agency did not provide services that require staffing ratios for this particular program.

##### **Recommendation**

**None.**

**STAFFING QUALIFICATIONS**

**Objective**

Determine whether CHC's treatment staff possessed the required qualifications to provide the services.

**Verification**

We reviewed the California Board of Behavioral Sciences' website and/or the personnel files for 13 of the 36 CHC treatment staff who provided services to DMH clients during September and October 2009.

**Results**

Each employee in our sample possessed the qualifications required to provide the services billed.

**Recommendation**

**None.**



CALIFORNIA HISPANIC COMMISSION  
on Alcohol & Drug Abuse, INC.

July 6, 2010

Wendy L. Watanabe, Auditor-Controller  
County of Los Angeles  
Department of Auditor-Controller  
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www.chcada.org

Subject: **California Hispanic Commission, INC. – A Department Mental  
Health Service Provider**

**Corrective Action Plan-DMH program review 6/18/10,**

**DEPARTMENT OF MENTAL HEALTH  
CALIFORNIA HISPANIC COMMISSION, INC.  
FISCAL YEARS 2009-10**

**BACKGROUND/PURPOSE**

The Department of Mental Health (DMH) contracts with California Hispanic Commission, Inc. (CHC or Agency), a private non-profit community –based organization that provides services to clients in Service Planning Areas 4 and 7. Services include interviewing program clients, assessing their mental health needs and developing and implementing a treatment plan.

The purpose of the review was to determine the appropriateness of the services CHC provided based on available documentation in accordance with the County contract. This included a review of Agency's billings, participant charts and personnel and payroll records. A number of the Agency's staff was also interviewed.

## **BILLED SERVICES**

### **Objective**

Determine whether CHC provided the services billed in accordance with their County contract with DMH.

### **Verification**

There were 35 billings selected totaling, 3,451 minutes from 96,861 service minutes of approved Medi-Cal billings for September and October 2009, which were the most current billings available at the time of the review (March 2010). Auditor reviewed the Assessments, Client Care Plans and Progress Notes maintained in the client charts for the selected billings. The 3,451 minutes represent services provided to 15 program participants.

### **Results**

CHC maintained documentation to support 97% of the service minutes sampled. CHC did not always complete some elements of the Assessments, Client Care Plans, Progress Notes and Informed consents in accordance with the County contract requirements.

#### **Assessments**

CHC did not adequately describe the client's symptoms and behaviors consistent with the Diagnostic and Statistical Manual of Mental Disorder (DSM) to support the given diagnosis, for three (20%) of the 15 clients sampled on the Assessments. An Assessment is a diagnostic tool used to document the clinical evaluation of each client and establish the client's mental health treatment needs. The contract requires Agencies to follow the DSM when diagnosing clients.

#### **Client Care Plans**

CHC did not complete The Client Care Plans in accordance with the County contract for the two (13%) of the 15 clients sampled. Specifically the Client Care Plan did not contain Objectives that was specific and/or quantifiable.

### Informed Consent

CHC did not document the Informed Consent for three 60% of the five clients' charts sampled, in which the client received treatment with psychotropic medication. Informed Consent is the client's agreement to a proposed course of treatment based on receiving clear, understandable information about the treatments' potential benefits and risks.

### Recommendations

#### **CHC Management:**

1. **Ensure that Assessments, Client Care Plans and Progress notes are Completed in accordance with the County Contract.**
2. **Ensure that Informed Consent is obtained and documented in the client's chart prior to treatment with psychotropic medication.**

### Corrective Action Plan:

1. CHC, Project Director will ensure the Assessments, Client Care Plans and Progress Notes are completed in accordance with the County Contract. CHC, Project Director will ensure that Quality and Assurance Reviews are completed on the client's charts, to ensure compliance with the County contract.
2. CHC, Project Director will ensure that Informed Consents is obtained and documented in the client's chart prior to treatment with psychotropic medication. CHC, Project Director will ensure that Quality Assurance Reviews are completed on the client's charts to ensure compliance with the County contract.

## STAFFING LEVELS

### Objective

Determine whether the Agency maintained the appropriate staffing ratios for applicable services.

DMH did not perform a work test in this section, as CHC did not provide services that Require staffing ratios for this particular program.

### Recommendation

None



## **STAFFING QUALIFICATIONS**

### **Objective**

Determine whether CHC's treatment staff possessed the required qualifications to provide the services.

### **Verification**

DMH reviewed the California Board of Behavioral Sciences' website and/or the personnel files for 13 of the 36 CHC treatment staff who provided services to DMH clients during September and October 2009.

### **Results**

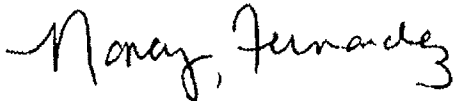
Each employee in the sample possessed the qualifications required to provide the services billed.

### **Recommendation**

**None**

If you any questions, please contact me at (916) 443-5473, or by cell phone at (916) 769-8971, and/or by email at [nfernandez@chcada.org](mailto:nfernandez@chcada.org).

Sincerely,



Nancy Fernandez, LCSW  
California Hispanic Commission, INC.  
Director of Program Services  
1419 21<sup>st</sup> Street  
Sacramento, CA 95811

Cc. Ana Suarez, LCSW District Chief, SA7 Administration  
Susan Kim, CPA, CIA